

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Attachment 24

Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VES' REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/> A. FCC Amateur license held (97.25(a)):				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
Class		→		(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:		→		Exp Date		→			
D. Examination elements passed that were administered at this session:				→				X X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8/24/91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer Examiner Coordinator: (VEC coordinated sessions only)				W5VZ GROUP							
G. Examination session location: (VEC coordinated sessions only)				MAR VISTA, CA							

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →		EXPIRATION DATE (Month, Day, Year)	
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE		FORMER LAST NAME SUFFIX (Jr., Sr., etc.)	
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)		FORMER FIRST NAME MIDDLE INITIAL	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
Robert	L.	Reeves	
6. DATE OF BIRTH (Month, Day, Year)		1-31-42	
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE ZIP CODE
3550 Wilshire Blvd #918		Los Angeles	CA 90010
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8)		CITY	STATE
Same as item #7			
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED: 8/24/91
<i>Robert L. Reeves</i>	

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II—EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name:

Robert L. Reever

Element:

2

Test Series:

H 901

Date:

8/23/91

Signature:

Robert L. Reever

A
Passed
RAO

- [1.] A ☐ B ☐ C ☒ D ☐
- [2.] A ☐ B ☒ C ☐ D ☒
- ✓ [3.] A ☐ B ☐ C ☒ D ☒
- [4.] A ☐ B ☐ C ☐ D ☒
- ✓ [5.] A ☒ B ☐ C ☒ D ☒
- [6.] A ☒ B ☐ C ☐ D ☐
- ✓ [7.] A ☒ B ☐ C ☐ D ☒
- ✓ [8.] A ☐ B ☒ C ☐ D ☒
- [9.] A ☐ B ☐ C ☐ D ☒
- [10.] A ☒ B ☐ C ☐ D ☐
- [11.] A ☐ B ☐ C ☐ D ☒
- [12.] A ☐ B ☐ C ☒ D ☐
- [13.] A ☒ B ☐ C ☐ D ☒
- [14.] A ☐ B ☐ C ☐ D ☒
- [15.] A ☒ B ☐ C ☐ D ☐
- [16.] A ☐ B ☐ C ☒ D ☐
- [17.] A ☐ B ☐ C ☐ D ☒
- [18.] A ☒ B ☐ C ☐ D ☐
- [19.] A ☐ B ☐ C ☒ D ☐
- [20.] A ☐ B ☒ C ☐ D ☐
- [21.] A ☒ B ☐ C ☐ D ☐
- [22.] A ☐ B ☐ C ☐ D ☒
- [23.] A ☐ B ☒ C ☐ D ☐
- [24.] A ☐ B ☒ C ☐ D ☐
- [25.] A ☐ B ☐ C ☒ D ☐

Total Minimum
 Quest- Correct
 ions to pass:

NOVICE
 Element 2
 30 22

TECHNICIAN
 Element 3A
 25 19

GENERAL
 Element 3B
 25 19

ADVANCED
 Element 4A
 50 37

EXTRA CLASS
 Element 4B
 40 30



- [26.] A ☐ B ☐ C ☐ D ☒
- [27.] A ☐ B ☒ C ☐ D ☐
- [28.] A ☒ B ☐ C ☐ D ☐
- [29.] A ☐ B ☐ C ☒ D ☒
- [30.] A ☐ B ☐ C ☒ D ☒
- [31.] A ☐ B ☐ C ☐ D ☐
- [32.] A ☐ B ☐ C ☐ D ☐
- [33.] A ☐ B ☐ C ☐ D ☐
- [34.] A ☐ B ☐ C ☐ D ☐
- [35.] A ☐ B ☐ C ☐ D ☐
- [36.] A ☐ B ☐ C ☐ D ☐
- [37.] A ☐ B ☐ C ☐ D ☐
- [38.] A ☐ B ☐ C ☐ D ☐
- [39.] A ☐ B ☐ C ☐ D ☐
- [40.] A ☐ B ☐ C ☐ D ☐
- [41.] A ☐ B ☐ C ☐ D ☐
- [42.] A ☐ B ☐ C ☐ D ☐
- [43.] A ☐ B ☐ C ☐ D ☐
- [44.] A ☐ B ☐ C ☐ D ☐
- [45.] A ☐ B ☐ C ☐ D ☐
- [46.] A ☐ B ☐ C ☐ D ☐
- [47.] A ☐ B ☐ C ☐ D ☐
- [48.] A ☐ B ☐ C ☐ D ☐
- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

Passed
W5YI
Wong Shue

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: Robert L. Reeves

Element: 3A

Test Series: 1, 2, 4, 7, 6, 4, 8

Date: 8/13/99

Signature: [Signature]

489 PASSED

- [1.] A ☐ B ☒ C ☐ D ☐
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
- [4.] A ☐ B ☐ C ☒ D ☐
- [5.] A ☐ B ☐ C ☐ D ☒
- [6.] A ☒ B ☐ C ☐ D ☐
- [7.] A ☐ B ☐ C ☒ D ☐
- [8.] A ☐ B ☐ C ☒ D ☐
- [9.] A ☒ B ☐ C ☐ D ☐
- [10.] A ☐ B ☐ C ☐ D ☒
- [11.] A ☒ B ☐ C ☐ D ☐
- [12.] A ☒ B ☒ C ☐ D ☐
- [13.] A ☒ B ☐ C ☐ D ☐
- [14.] A ☐ B ☐ C ☐ D ☒
- [15.] A ☐ B ☐ C ☒ D ☐
- [16.] A ☒ B ☐ C ☐ D ☐
- [17.] A ☒ B ☐ C ☐ D ☐
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- [19.] A ☐ B ☒ C ☐ D ☐
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- [22.] A ☒ B ☐ C ☐ D ☐
- [23.] A ☐ B ☐ C ☒ D ☐
- [24.] A ☒ B ☐ C ☒ D ☐
- [25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30 22

TECHNICIAN

Element 3A

25 19

GENERAL

Element 3B

25 19

ADVANCED

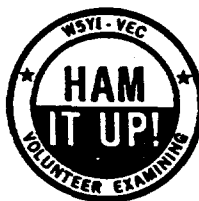
Element 4A

50 37

EXTRA CLASS

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐
- [27.] A ☐ B ☐ C ☐ D ☐
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- [31.] A ☐ B ☐ C ☐ D ☐
- [32.] A ☐ B ☐ C ☐ D ☐
- [33.] A ☐ B ☐ C ☐ D ☐
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- [35.] A ☐ B ☐ C ☐ D ☐
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- [47.] A ☐ B ☐ C ☐ D ☐
- [48.] A ☐ B ☐ C ☐ D ☐
- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VE's REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class <input checked="" type="checkbox"/>	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	<input checked="" type="checkbox"/>	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: <input checked="" type="checkbox"/>			Exp Date					
D. Examination elements passed that were administered at this session:	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:		H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)		08/24/91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))		I. VEC Receipt Date:							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))									
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))									
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))									
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)									
W5YI GROUP									
G. Examination session location: (VEC coordinated sessions only)									
MIRVISTA, CA									

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.			
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.			
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>	EXPIRATION DATE (Month, Day, Year)		
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>			
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)		
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS			
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL		
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>			
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS			
2H. <input type="checkbox"/> CHANGE STATION LOCATION			
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)		4. OPERATOR CLASS OF THE ATTACHED LICENSE:	
5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
JAMES	Q	PHAM	
6. DATE OF BIRTH (Month, Day, Year)			
09/27/1983			
7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
15425 GERRIN AVE	LAWNDALE	CA	90260
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8)		CITY	STATE
15425 GERRIN AVE #7			
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
11. PURPOSE OF OTHER APPLICATION		12. DATE SUBMITTED (Month, Day, Year)	

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
James Pham	8-24-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: JAMES PHAM

Element: 2 Test Series: 42546 Date: 8-24-91 Signature: James Pham

- [1.] A ☒ B ☐ C ☐ D ☐
 [2.] A ☐ B ☐ C ☐ D ☒
 [3.] A ☐ B ☒ C ☒ D ☒
 [4.] A ☐ B ☒ C ☒ D ☐
 [5.] A ☒ B ☐ C ☒ D ☐
 [6.] A ☐ B ☐ C ☐ D ☒
 [7.] A ☐ B ☒ C ☐ D ☐
 [8.] A ☐ B ☒ C ☐ D ☐
 [9.] A ☐ B ☒ C ☐ D ☐
 [10.] A ☐ B ☒ C ☐ D ☐
 [11.] A ☐ B ☐ C ☒ D ☐
 [12.] A ☐ B ☐ C ☐ D ☒
 [13.] A ☐ B ☒ C ☐ D ☐
 [14.] A ☒ B ☐ C ☐ D ☐
 [15.] A ☐ B ☒ C ☐ D ☐
 [16.] A ☐ B ☐ C ☒ D ☐
 [17.] A ☐ B ☐ C ☐ D ☒
 [18.] A ☒ B ☐ C ☐ D ☐
 [19.] A ☐ B ☐ C ☒ D ☐
 [20.] A ☐ B ☒ C ☒ D ☐
 [21.] A ☐ B ☐ C ☐ D ☒
 [22.] A ☐ B ☐ C ☒ D ☐
 [23.] A ☒ B ☐ C ☒ D ☐
 [24.] A ☒ B ☐ C ☐ D ☐
 [25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE
Element 2

30 22

TECHNICIAN

Element 3A
25 19

GENERAL

Element 3B
25 19

ADVANCED

Element 4A
50 37

EXTRA CLASS

Element 4B
40 30



- [26.] A ☐ B ☒ C ☐ D ☒
 [27.] A ☐ B ☒ C ☐ D ☐
 [28.] A ☐ B ☒ C ☐ D ☐
 [29.] A ☐ B ☐ C ☒ D ☐
 [30.] A ☐ B ☒ C ☐ D ☐
 [31.] A ☐ B ☐ C ☐ D ☐
 [32.] A ☐ B ☐ C ☐ D ☐
 [33.] A ☐ B ☐ C ☐ D ☐
 [34.] A ☐ B ☐ C ☐ D ☐
 [35.] A ☐ B ☐ C ☐ D ☐
 [36.] A ☐ B ☐ C ☐ D ☐
 [37.] A ☐ B ☐ C ☐ D ☐
 [38.] A ☐ B ☐ C ☐ D ☐
 [39.] A ☐ B ☐ C ☐ D ☐
 [40.] A ☐ B ☐ C ☐ D ☐
 [41.] A ☐ B ☐ C ☐ D ☐
 [42.] A ☐ B ☐ C ☐ D ☐
 [43.] A ☐ B ☐ C ☐ D ☐
 [44.] A ☐ B ☐ C ☐ D ☐
 [45.] A ☐ B ☐ C ☐ D ☐
 [46.] A ☐ B ☐ C ☐ D ☐
 [47.] A ☐ B ☐ C ☐ D ☐
 [48.] A ☐ B ☐ C ☐ D ☐
 [49.] A ☐ B ☐ C ☐ D ☐
 [50.] A ☐ B ☐ C ☐ D ☐

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: James Pham

4
Passed
R60

Element: 3A Test Series: 112 Date: 8-24-91 Signature: James Pham

- [1.] A ☐ B ☒ C ☐ D ☐
[2.] A ☒ B ☐ C ☐ D ☐
[3.] A ☐ B ☒ C ☐ D ☐
[4.] A ☐ B ☐ C ☒ D ☐
[5.] A ☒ B ☐ C ☐ D ☒
[6.] A ☒ B ☐ C ☐ D ☐
[7.] A ☐ B ☐ C ☒ D ☐
[8.] A ☐ B ☐ C ☒ D ☐
[9.] A ☐ B ☒ C ☐ D ☐
[10.] A ☐ B ☐ C ☐ D ☒
[11.] A ☒ B ☐ C ☐ D ☐
[12.] A ☒ B ☒ C ☐ D ☐
[13.] A ☒ B ☐ C ☐ D ☐
[14.] A ☐ B ☐ C ☐ D ☒
[15.] A ☐ B ☐ C ☒ D ☐
[16.] A ☒ B ☐ C ☐ D ☐
[17.] A ☒ B ☐ C ☐ D ☐
[18.] A ☐ B ☒ C ☐ D ☐
[19.] A ☐ B ☒ C ☐ D ☐
[20.] A ☒ B ☐ C ☐ D ☐
[21.] A ☒ B ☐ C ☐ D ☐
[22.] A ☒ B ☐ C ☐ D ☒
[23.] A ☐ B ☒ C ☒ D ☐
[24.] A ☐ B ☐ C ☒ D ☐
[25.] A ☒ B ☐ C ☐ D ☐

Total Minimum
Quest- Correct
ions to pass:

NOVICE

Element 2

30

22

TECHNICIAN

Element 3A

25

19

GENERAL

Element 3B

25

19

ADVANCED

Element 4A

50

37

EXTRA CLASS

Element 4B

40

30



- [26.] A ☐ B ☐ C ☐ D ☐
[27.] A ☐ B ☐ C ☐ D ☐
[28.] A ☐ B ☐ C ☐ D ☐
[29.] A ☐ B ☐ C ☐ D ☐
[30.] A ☐ B ☐ C ☐ D ☐
[31.] A ☐ B ☐ C ☐ D ☐
[32.] A ☐ B ☐ C ☐ D ☐
[33.] A ☐ B ☐ C ☐ D ☐
[34.] A ☐ B ☐ C ☐ D ☐
[35.] A ☐ B ☐ C ☐ D ☐
[36.] A ☐ B ☐ C ☐ D ☐
[37.] A ☐ B ☐ C ☐ D ☐
[38.] A ☐ B ☐ C ☐ D ☐
[39.] A ☐ B ☐ C ☐ D ☐
[40.] A ☐ B ☐ C ☐ D ☐
[41.] A ☐ B ☐ C ☐ D ☐
[42.] A ☐ B ☐ C ☐ D ☐
[43.] A ☐ B ☐ C ☐ D ☐
[44.] A ☐ B ☐ C ☐ D ☐
[45.] A ☐ B ☐ C ☐ D ☐
[46.] A ☐ B ☐ C ☐ D ☐
[47.] A ☐ B ☐ C ☐ D ☐
[48.] A ☐ B ☐ C ☐ D ☐
[49.] A ☐ B ☐ C ☐ D ☐
[50.] A ☐ B ☐ C ☐ D ☐



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

VOLUNTEER EXAMINER'S REPORT OF EXAMINATION SESSION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101

IMPORTANT: This report must be attached to the Volunteer Examiner's Certification and the Manifest of Applicants being administered amateur radio examinations. This report becomes the cover sheet and totals for your examination session and is required by the FCC. Staple cover sheet & manifest to FCC 610's.

(1) EXAMINATION SESSION LOCATION: (City & State) Molina del Rey, Ca.
(2) DATE OF EXAMINATION: (Month/Day/Year) 9-14-91

(3) NUMBER OF APPLICANTS THAT PARTICIPATED IN THE EXAMINATION SESSION AND...

(A) UPGRADED TO A HIGHER CLASS LICENSE:	<u>8</u>
(B) FAILED TO UPGRADE:	<u>22</u>
(C) TOTAL APPLICANTS TESTED: (C=A+B)	<u>30</u>
(D) PERCENT THAT UPGRADED: (D=A divided by C)	<u>26</u>

NOTE: Line "A" must equal the total number of successful applications being sent to the VEC. Line "B" must equal the number of candidates that failed to upgrade to any higher class of amateur radio license. Candidates that pass the Novice but fail to upgrade further are listed as "Failed to Upgrade." Applicants are also listed as a "Fail" if they pass a required higher class element (such as the code) but fail to pass all requirements necessary to upgrade (for example, the written examination.) Line "C" is the sum total of lines "A" and "B" and must equal the number of candidates that the VE team tested at this session as listed on the manifest. Line "D" is the percentage of the total applicants appearing for testing that actually upgraded to a higher class of amateur radio operator license. ("D" equals "A" divided by "C".)

VEC use only
\$ 67.50

(4) TESTING FEES FORWARDED TO VEC: (Attach check) \$ 67.50
MAKE CHECK PAYABLE TO: W5YI-VEC
Test fee is \$2.25 for each candidate tested if ten or more total applicants tested (see Line "3C") or \$3.00 each if nine or less are examined.

5) PASS/FAIL RESULTS FOR EACH ELEMENT ADMINISTERED IN THE SESSION:

ELEMENT:	1A	1B	1C	2	3A	3B	4A	4B	TOTAL:
PASSED:	<u>1</u>	<u>5</u>	<u>0</u>	<u>20</u>	<u>13</u>	<u>4</u>	<u>3</u>	<u>0</u>	<u>46</u>
FAILED:	<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>8</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>13</u>
TOTAL:	<u>1</u>	<u>6</u>	<u>0</u>	<u>21</u>	<u>21</u>	<u>7</u>	<u>3</u>	<u>0</u>	<u>59</u>
% PASSED:	<u>100 %</u>	<u>83 %</u>	<u>0 %</u>	<u>95 %</u>	<u>62 %</u>	<u>57 %</u>	<u>100 %</u>	<u>0 %</u>	<u>78 %</u>

6) CONTACT VE # PLUS VE'S WHO PARTICIPATED IN THIS EXAM:

5652 6130 9432 7059 8583
VE # VE # VE # VE # VE #

VE # VE # VE # VE # VE # VE # VE #
SUCCESSFUL FORM 610'S MUST BE RETURNED TO THE VEC WITHIN 10 DAYS OF TESTING.

Send to: W5YI-VEC
Address: PO Box 565101
City: Dallas, TX 75356-5101
VEC Date Received
Reviewed by VEC (VE's leave blank)



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

VOLUNTEER EXAMINER'S CERTIFICATION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101

To: All participating W5YI Volunteer Examiners

From: Fred Maia, W5YI-VEC

The FCC rules require certification from VE's that all expenses reimbursed during the calendar year were reasonable and necessary.

W5YI-VEC divides testing fees with its volunteer examining teams since there are test session expenses which must be paid. While we realize that most VE's do not receive any of these funds, (since disbursements are usually handled by the Contact VE,) we still need certifications from each VE that did participate in a testing session.

Additionally, every participating VE should agree that all examinations administered at this session were given fairly and according to the rules and regulations of the FCC and W5YI-VEC. The contact VE's should make sure that all VE's participating in an examination session agree with the testing procedures and sign this form. It must be returned along with the results of the examination and will be kept on file by W5YI for the calendar year.

THANK YOU for your cooperation

VOLUNTEER EXAMINERS' CERTIFICATION:

All expenses for this calendar year, including this examination, associated with the Amateur Radio Service Volunteer Examination program for which reimbursement was obtained were necessarily and prudently incurred.

I concur that all examinations administered at this session were given fairly and in accordance with the rules and regulations of the FCC and W5YI-VEC.

CONTACT VE:

Jon E. Johnson N6FDR 5652
Signature Call Sign VE #

Murphy, Ca.
Examination Session Location

9-14-91
Date

OTHER VE'S THAT PARTICIPATED IN THIS EXAMINATION SESSION:

Raymond A. Novarro N6RXX 6130
Signature Call Sign VE #

James E. Miller N6RPC 9437
Signature Call Sign VE #

Michael Byers N6UBW 7059
Signature Call Sign VE #

David J. ... KV6T 8583
Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

Signature Call Sign VE #

(Use reverse side of form if additional Volunteer Examiners were used.)

W5YI-VEC -- VOLUNTEER EXAMINER PROGRAM
MANIFEST OF APPLICANTS
BEING ADMINISTERED AMATEUR RADIO EXAMINATIONS

Place of Examination: (City & State) Marina del Rey, Ca Date of Exam: 9-14-91

List all applicants taking amateur radio operator examinations and the pass/fail results for each element administered.

			CHECK APPLICABLE BOXES																			
			5-WPM El. 1(A) Pass Fail	13-WPM El. 1(B) Pass Fail	20-WPM El. 1(C) Pass Fail	Novice El. 2 Pass Fail	Tech. El. 3(A) Pass Fail	General El. 3(B) Pass Fail	Advan. El. 4(A) Pass Fail	Extra El. 4(B) Pass Fail	UPGR? Yes No											
NAME OF APPLICANT			CALL SIGN	PHONE NUMBER																		
1.	Gerald DeCarnelli	N6 WFH	213-5457650							/	/											
2.	Joseph Pham	KC6 YJC	213-6797267			/			/		/											
3.	Maynard Hill	N6 TAIK	213.371-8591			/			/		/											
4.	Thomas J. Cavey	KC6 YJE	818.787-5057						/		/											
5.	Deborah Pervin	NONE	818-371-0350			/	/	/	/		/											
6.	Duane Purvin	NONE	818-371-0350			/	/	/	/		/											
7.	Carlos Romero	KC6 CLS				/			/		/											
8.	Dennis J. Stouffer	NONE	213 6775377				/	/			/											
9.	Chris McElwain	NONE	818-3682123		/						/											
10.	Richard Kelsey	KC6 ue1	8187632357					/			/											
11.	Raymond Bailey	KC6TOR	818242-7100						/		/											
12.	Robert Naumann	WB6NNA	8057820941			/			/		/											
13.	Wayne Bell	NONE	213756-9033				/	/			/											
14.	Nelson Jones	NONE	818-2493060				/	/			/											
15.	William Bethea II	NONE	213 2767967				/	/			/											
PAGE TOTALS:					1	0	5	1	0	0	6	0	6	0	4	3	3	0	0	0	8	7

W5YI-VEC -- VOLUNTEER EXAMINER PROGRAM
MANIFEST OF APPLICANTS
BEING ADMINISTERED AMATEUR RADIO EXAMINATIONS

Place of Examination: (City & State) Marina del Rey, Ca. Date of Exam: 9-14-91

List all applicants taking amateur radio operator examinations and the pass/fail results for each element administered.

				CHECK APPLICABLE BOXES											
	NAME OF APPLICANT	CALL SIGN	PHONE NUMBER	5-WPM	13-WPM	20-WPM	Novice	Tech.	General	Advan.	Extra	UPGR?			
				El. 1(A)	El. 1(B)	El. 1(C)	El. 2	El. 3(A)	El. 3(B)	El. 4(A)	El. 4(B)	Yes	No		
				Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass		
				Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail		
1.	Griselda Bethea	NONE	213267 7967				/	/					/		
2.	Mike Sudo	NONE	213938-9819				/	/					/		
3.	Erroll Chamness	NONE	2138740296				/	/					/		
4.	Erman Passi's	NONE	213550 0428				/	/					/		
5.	Sudhir Munshi	NONE	2133675610				/	/					/		
6.	Larry Leong	NONE	213389 2375				/	/					/		
7.	Roger Menasis	NONE	818368 8562				/	/					/		
8.	Ramona Mock	NONE	2138230552				/	/					/		
9.	Valerie Cummings	NONE	2138210282				/	/					/		
10.	Robin Burt	NONE	2132862952				/	/					/		
11.	Charles Golen	NONE	2132153782				/	/					/		
12.	Annette Whitself	NONE	2133917831				/	/					/		
13.	Brad Coyne	NONE	213391-1566				/	/					/		
14.	Paula Coyne	NONE	2133911566				/	/					/		
15.	Audrey Copple	NONE	2136418127				/	/					/		
PAGE TOTALS:				0	0	0	14	1	7	8	0	0	0	15	



MANIFEST OF APPLICANTS

PLACE OF
EXAMINATION
(City & State)

MARINA DEL REY

DATE OF
EXAM

SEPT 14 1991

List all applicants taking amateur radio exams and the results for each element administered.

72. NAME JOSEPH PHAM CALL SIGN KC6YJC
ADDRESS 15427 GERKIN AVE LAKEDALE CA 90260
CITY LAKEDALE STATE CA ZIP 90260
TELEPHONE 6797267
License copy attached? Yes ☒ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Fail	
1C	Pass	4A	Pass	N/T G/A/E
2	Pass	4B	Pass	

72. NAME MAYNARD HILL CALL SIGN N6THK
ADDRESS 4844 W. ARROYO DRIVE BURNABEE WA 98013
CITY BURNABEE STATE WA ZIP 98013
TELEPHONE 371-8591
License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Fail	
1C	Pass	4A	Pass	N/T G/A/E
2	Pass	4B	Pass	

72. NAME THOMAS J. CAVEY CALL SIGN KC6YJE
ADDRESS 5822 COSTELLO AVENUE
CITY VAN NUYS STATE CA ZIP 91401
TELEPHONE 818-787-5057
License copy attached? Yes ☒ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Fail	
1C	Pass	4A	Pass	N/T G/A/E
2	Pass	4B	Pass	

72. NAME Deborah T. Purvin CALL SIGN
ADDRESS P O Box 10871
CITY Marina del Rey CA STATE CA ZIP 90295
TELEPHONE 818-371-0360
License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Fail	
1C	Pass	4A	Pass	N/T G/A/E
2	Pass	4B	Pass	

72. NAME DUANE PURVIN CALL SIGN (if any)
ADDRESS PO BOX 10871
CITY Marina del Rey STATE CA ZIP 90295
TELEPHONE 818-371-0350
License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Fail	
1C	Pass	4A	Pass	N/T G/A/E
2	Pass	4B	Pass	

72. NAME CARLOS S. ROMERO CALL SIGN KC6CHD
ADDRESS 139-N LINCOLN PL
CITY MONROVIA STATE CA ZIP 91016
TELEPHONE
License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Fail	
1C	Pass	4A	Pass	N/T G/A/E
2	Pass	4B	Pass	

PAGE TOTALS:	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Yes
	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	No



MANIFEST OF APPLICANTS

PLACE OF
EXAMINATION
(City & State)

M.D.R., CA

DATE OF
EXAM

9-14-91

List all applicants taking amateur radio exams and the results for each element administered.

NAME DENNIS J. STOUTER CALL SIGN (if any) _____

ADDRESS 430 W. HILLCREST BLVD, INGLEWOOD, CA 90301

CITY (ZIP) 677-5377 STATE CA ZIP 90301

TELEPHONE _____

License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Pass	
1C	Pass	4A	Pass	NT/G/A/E
2	Pass	4B	Pass	

NAME CHARS McELWAIN CALL SIGN (if any) _____

ADDRESS 10331 LINDLEY # 141 NORTHRIDGE CA 91326

CITY (ZIP) 818 368-2123 STATE CA ZIP 91326

TELEPHONE _____

License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Fail	3B	Pass	
1C	Pass	4A	Pass	NT/G/A/E
2	Pass	4B	Pass	

NAME Richard Kelsey CALL SIGN (if any) KC6UEL

ADDRESS 10844 Bloomfield St

CITY (ZIP) No. Hollywood CA 91602 STATE CA ZIP 91602

TELEPHONE (818) 263-2357

License copy attached? Yes ☒ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Pass	3B	Pass	
1C	Pass	4A	Pass	NT/G/A/E
2	Pass	4B	Pass	

NAME RAYMOND P. BAILEY CALL SIGN (if any) KC6TOR

ADDRESS 1611 N. VERDUGO RD

CITY (ZIP) Glendale CALIF 91208 STATE CALIF ZIP 91208

TELEPHONE (818) 242-7100

License copy attached? Yes ☒ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Pass	3B	Pass	
1C	Pass	4A	Pass	NT/G/A/E
2	Pass	4B	Pass	

NAME ROBERT F. NAUMANN CALL SIGN (if any) W6GNNR

ADDRESS 2073 HERRON CT.

CITY (ZIP) CAMARILLO CA 93010 STATE CA ZIP 93010

TELEPHONE 805-482-0941

License copy attached? Yes ☒ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Pass	3B	Pass	
1C	Pass	4A	Pass	NT/G/A/E
2	Pass	4B	Pass	

NAME SMITH DECKENWILL CALL SIGN (if any) _____

ADDRESS 315 29TH PLACE

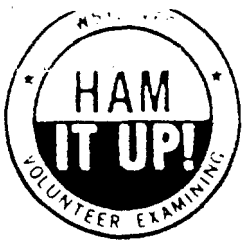
CITY (ZIP) MANHATTAN BEACH CA 90266 STATE CA ZIP 90266

TELEPHONE 213-545-7656

License copy attached? Yes ☐ No ☐

1A	Pass	3A	Pass	UPGRADED TO
1B	Pass	3B	Pass	
1C	Pass	4A	Pass	NT/G/A/E
2	Pass	4B	Pass	

PAGE TOTALS:	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Yes
	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	No



MANIFEST OF APPLICANTS

PLACE OF
EXAMINATION
(City & State)

M.D.R., CA

DATE OF
EXAM

9-14-91

List all applicants taking amateur radio exams and the results for each element administered

78

NAME	WAYNE BELL	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	10525 S. VANNESS #			1B	Pass	3B	Pass	
CITY	INGLEWOOD	CA	90303	1C	Pass	4A	Pass	
TELEPHONE	213 756-9033	License copy attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	Pass	4B	Pass	

79

NAME	NELSON E. JONES	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	269 MESA LILA RD.			1B	Pass	3B	Pass	
CITY	GLENDALE	CA	91208	1C	Pass	4A	Pass	
TELEPHONE	(818) 249-3060	License copy attached?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2	Pass	4B	Pass	

80

NAME	William R. BETHEA, II	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	617 N. Bedford Dr.			1B	Pass	3B	Pass	
CITY	Beverly Hills	CA	90210	1C	Pass	4A	Pass	
TELEPHONE	276-7967	License copy attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	Pass	4B	Pass	

81

NAME	GRISelda BETHEA	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	617 N. Bedford DR	CALIF	90210	1B	Pass	3B	Pass	
CITY	276-7967	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE		License copy attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	Pass	4B	Pass	

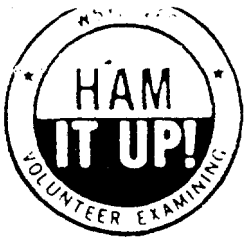
82

NAME	MIKE SADD	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	419 N. Larchmont Bl. #221			1B	Pass	3B	Pass	
CITY	LA	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	213-938-9819	License copy attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	Pass	4B	Pass	

83

NAME	ERROL L CHAMNESS	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	1730 CAMINO PALMERO #217			1B	Pass	3B	Pass	
CITY	LA	CA	90046-2948	1C	Pass	4A	Pass	
TELEPHONE	213-874-0296	License copy attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	Pass	4B	Pass	

PAGE	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
TOTALS:	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>
	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>



MANIFEST OF APPLICANTS

PLACE OF
EXAMINATION
(City & State)

M.D.R., CA

DATE OF
EXAM

9-14-91

List all applicants taking amateur radio exams and the results for each element administered

NAME	ERMAN PESSIS	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	8568 BURTON WAY			1B	Pass	3B	Pass	
CITY	LOS ANGELES, CA	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	(213) 550-0428			2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

NAME	SUDHIR MUNSHI	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	13753, KINBROOK ST.			1B	Pass	3B	Pass	
CITY	SYLMAR	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	(818) 367-5610			2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

NAME	LARRY LEONG	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	3860 - W 1 st STREET			1B	Pass	3B	Pass	
CITY	LOS ANGELES	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	(213) 389-2375			2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

NAME	ROGER MENESES	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	18582 AGUNCION ST			1B	Pass	3B	Pass	
CITY	NORTHRIDGE	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	916 368-8562			2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

NAME	Ramona Mock	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	8640 Culana #J3003			1B	Pass	3B	Pass	
CITY	Playa del Rey	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	213-823-0552			2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

NAME	VALERIE F. CUMMING	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E Did not upgrade
ADDRESS	4816 PATRAE ST.			1B	Pass	3B	Pass	
CITY	LOS ANGELES	STATE	ZIP	1C	Pass	4A	Pass	
TELEPHONE	(213) 821-0282			2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
PAGE	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>
TOTALS:	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>



MANIFEST OF APPLICANTS

PLACE OF
EXAMINATION
(City & State)

M.D.R., CA

DATE OF
EXAM

9-14-91

List all applicants taking amateur radio exams and the results for each element administered.

PD

NAME	ROBIN BOAT	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED
ADDRESS	9433 Blackley St	Temple City	CA 91780	1B	Pass	3B	Pass	TO:
CITY	286-2952			1C	Pass	4A	Pass	N/T G/A/E
TELEPHONE				2	Pass	4B	Pass	Did not upgrade
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

PD

NAME	CHARLES H GALEN	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED
ADDRESS	5963 W 76TH STREET	CA		1B	Pass	3B	Pass	TO:
CITY	LOS ANGELES	CALIF	90045	1C	Pass	4A	Pass	N/T G/A/E
TELEPHONE	213-215-3782			2	Pass	4B	Pass	Did not upgrade
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

10.

NAME	Annette Whitesell	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED
ADDRESS	7715 Berryman Ave	CA	90230	1B	Pass	3B	Pass	TO:
CITY	Culver City	CA	90230	1C	Pass	4A	Pass	N/T G/A/E
TELEPHONE	341-7831			2	Pass	4B	Pass	Did not upgrade
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD.

NAME	Brad Coyne	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED
ADDRESS	12206 Malone Ave			1B	Pass	3B	Pass	TO:
CITY	L.A	STATE	ZIP	1C	Pass	4A	Pass	N/T G/A/E
TELEPHONE	213 341-1566			2	Pass	4B	Pass	Did not upgrade
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD.

NAME	Paula Coyne	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED
ADDRESS	12206 Malone Ave			1B	Pass	3B	Pass	TO:
CITY	L.A	STATE	ZIP	1C	Pass	4A	Pass	N/T G/A/E
TELEPHONE	213 341-1566			2	Pass	4B	Pass	Did not upgrade
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD.

NAME	AUDREY H. COPPLE	CALL SIGN (if any)	5.23	1A	Pass	3A	Pass	UPGRADED
ADDRESS	8407 C ROYDON, AV.			1B	Pass	3B	Pass	TO:
CITY	WESTCHESTER	CA	90045	1C	Pass	4A	Pass	N/T G/A/E
TELEPHONE	213-641-8127			2	Pass	4B	Pass	Did not upgrade
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PAGE	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
TOTALS:	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>
	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>